| -:11 | in this information to identify your | | | | |
|--------|--|-----------------------------|--|--------------|---------------------|
| | in this information to identify your cat | | | | |
| Der | First Name | Middle Name | Last Name | | |
| 1 | tor 2 use if, filing) First Name | Middle Name | Last Name | | |
| Uni | ed States Bankruptcy Court for the: | EASTERN DISTRICT OF | F MICHIGAN | | |
| Cas | e number | | | | |
| (if kn | | | | _ | k if this is an |
| | | | | amer | nded filing |
| Οŧ. | Soiol Form 106Cum | | | | |
| | icial Form 106Sum | nd I iahilities an | d Certain Statistical Information | | 12/15 |
| Be a | s complete and accurate as possible | . If two married people | are filing together, both are equally responsible | for supplyi | ng correct |
| | mation. Fill out all of your schedules original forms, you must fill out a ne | | e information on this form. If you are filing amen the box at the top of this page. | ded sched | ules after you file |
| Par | | · | | | |
| | | | | Your a | assets |
| | | | | | of what you own |
| 1. | Schedule A/B: Property (Official Form 1a. Copy line 55, Total real estate, from | | | \$ | 142,000.00 |
| | 1b. Copy line 62, Total personal prope | rty, from Schedule A/B | | \$ | 21,213.71 |
| | 1c. Copy line 63, Total of all property of | on Schedule A/B | | \$ | 163,213.71 |
| Par | 2: Summarize Your Liabilities | | | | |
| | | | | Your I | iabilities |
| | | | | Amou | nt you owe |
| 2. | Schedule D: Creditors Who Have Clai 2a. Copy the total you listed in Column | | (Official Form 106D) he bottom of the last page of Part 1 of <i>Schedule D</i> | . \$ | 182,933.00 |
| 3. | Schedule E/F: Creditors Who Have Un 3a. Copy the total claims from Part 1 | ` | Form 106E/F) s) from line 6e of <i>Schedule E/F</i> | \$ | 15,888.73 |
| | 3b. Copy the total claims from Part 2 | (nonpriority unsecured cla | aims) from line 6j of Schedule E/F | \$ | 198,312.87 |
| | | | | | |
| | | | Your total liabilitie | s \$ | 397,134.60 |
| Par | 3: Summarize Your Income and E | xpenses | | | |
| 4. | Schedule I: Your Income (Official Form | - | | | |
| ٦. | | | <i>I</i> | \$ | 3,003.02 |
| 5. | Schedule J: Your Expenses (Official F Copy your monthly expenses from line | | | \$ | 2,597.85 |
| Par | 4: Answer These Questions for A | dministrative and Statis | stical Records | | |
| 6. | Are you filing for bankruptcy under | Chapters 7, 11, or 13? | | | |
| | ■ No. You have nothing to report or | n this part of the form. Ch | eck this box and submit this form to the court with y | our other so | hedules. |
| | Yes | | | | |

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,046.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 15,888.73 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 31,180.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 47,068.73 |

| Debtor | | | your case and th | - | | | |
|-------------|------------------------------------|------------------------------------|------------------------|--|-------------------------------|-------------------------------|---|
| 200101 | - | Lisa Carol La First Name | ancaster Middle | Name Last Name | | | |
| Debtor | _ | First Name | Middle | Name Leat Name | | | |
| (Spouse, | . 0, | | | | | | |
| United | States Bankr | uptcy Court for | the: EASTERN | DISTRICT OF MICHIGAN | | | |
| Case r | number 18- | 40304 MAR | | | | | ☐ Check if this is an amended filing |
| ∩ffic | sial Earn | n 106A/B | | | | | |
| | | A/B: Pr | | | | | 12/15 |
| Part 1: | ou own or have | ch Residence, Bu | | ner Real Estate You Own or Have an Interest In ny residence, building, land, or similar property? | | | |
| _ | o. Go to Part 2. | | | | | | |
| ■ Y6 | es. Where is the | e property? | | | | | |
| 1.1 | | | | What is the property? Check all that apply | | | |
| | 6312 Orcha treet address, if av | ard Ln. railable, or other desc | ription | ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative | the amount of | of any secure | nims or exemptions. Put d claims on Schedule D: ns Secured by Property. |
| _ | raser | MI State | 48026-0000 ZIP Code | | Current valuentire proper | | Current value of the portion you own? \$142,000.00 |
| F Ci | | | | ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one | (such as fee a life estate | e simple, ten), if known. | our ownership interest ancy by the entireties, or |
| _ | | | | ■ Debtor 1 only □ Debtor 2 only | Fee Simp | le Sole O | wner |
| Ci | /acomb | | | Debtor 1 and Debtor 2 only | | if this is com | munity property |
| Ci | flacomb ounty | | | At least one of the debtors and another Other information you wish to add about this iten property identification number: | V | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Deb | otor 1 L | isa Carol Lanc | aster | Case number (if known, | 18-40304 MAR |
|-------------|------------|--------------------------------------|--|------------------------------|---|
| 3. C | ars, vans, | trucks, tractors | , sport utility vehicles, motorcycles | | |
| г |] No | | | | |
| | Yes | | | | |
| | - 100 | | | | |
| 3.1 | I Make: | Kia | Who has an interest in the property? Check on | | cured claims or exemptions. Put |
| | Model: | Sorrento | ■ Debtor 1 only | the amount of an | y secured claims on Schedule D: ave Claims Secured by Property. |
| | Year: | 2017 | Debtor 2 only | Current value of | the Current value of the |
| | | nate mileage: | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | At least one of the debtors and another | | |
| | | | Check if this is community property (see instructions) | \$15,00 | 0.00 \$15,000.00 |
| E | | | nomes, ATVs and other recreational vehicles, other vehicle tors, personal watercraft, fishing vessels, snowmobiles, motoro | | |
| 5 A | Add the do | | portion you own for all of your entries from Part 2, includ or Part 2. Write that number here | | \$15,000.00 |
| | | | and Household Items | | |
| Do | you own o | or have any legal | l or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>E</i> | | scribe | , furniture, linens, china, kitchenware | | |
| | | M | iscellaneous Household Goods and Furnishings | | \$3,000.00 |
| | | Televisions and raincluding cell pho | adios; audio, video, stereo, and digital equipment; computers, ones, cameras, media players, games | printers, scanners; music | |
| | | M | iscellaneous Household Electronics | | \$500.00 |
| E | | Antiques and figu other collections, | rines; paintings, prints, or other artwork; books, pictures, or oth memorabilia, collectibles | her art objects; stamp, coir | n, or baseball card collections; |
| E | Examples: | musical instrume | phic, exercise, and other hobby equipment; bicycles, pool table | es, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| 10 | Firearms | | | | |
| _ | | : Pistols, rifles, sh | notguns, ammunition, and related equipment | | |

| De | ebtor 1 | Lisa Carol La | ancaster | Case number (if known) | 18-40304 MAR |
|-----|---------------|--------------------------------|---|---------------------------------------|--|
| | ☐ Yes. | Describe | | | |
| | □ No | | othes, furs, leather coats, designer wear, shoes, accesso | ories | |
| | | | Miscellaneous Clothing | | \$200.00 |
| 12. | □ No · | • | welry, costume jewelry, engagement rings, wedding ring: Miscellaneous Jewelry | s, heirloom jewelry, watches, gems, g | gold, silver \$1,000.00 |
| | | | Inisochanicous deweny | | <u> </u> |
| 13. | Examµ □ No | rm animals oles: Dogs, cats, l | birds, horses | | |
| | | | Yorkshire Terrier | | \$100.00 |
| | for Pa | | of all of your entries from Part 3, including any entrienumber here | | \$4,800.00 |
| Do | you ov | vn or have any le | egal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | | have in your wallet, in your home, in a safe deposit box, | and on hand when you file your petiti | on |
| 17. | | | avings, or other financial accounts; certificates of deposit If you have multiple accounts with the same institution, li | | nouses, and other similar |
| | ☐ Yes | | Institution name: | | |
| 18. | | | or publicly traded stocks investment accounts with brokerage firms, money mark | et accounts | |
| | | | Institution or issuer name: | | |
| 19. | | ublicly traded steenture | ock and interests in incorporated and unincorporate | d businesses, including an interes | t in an LLC, partnership, and |
| | _ | Give specific info | ormation about them | | |
| | | | Name of entity: | % of ownership: | |

| D | ebtor 1 | Lisa Caro | l Lancaster | | Case number (if known) | 18-40304 MAR |
|-----|------------------------|-------------------------------------|--|---|---|---|
| 20. | Nego: Non-r ■ No | tiable instrume negotiable instr | nts include personal checks, ruments are those you cannot | egotiable and non-negotiable in cashiers' checks, promissory not t transfer to someone by signing | tes, and money orders. | |
| | ⊔ Yes. | . Give specific i | information about them Issuer name: | | | |
| 21. | | ement or pensi aples: Interests | | s), 403(b), thrift savings accounts | , or other pension or profit-sharing | plans |
| | ■ Yes. | . List each acco | ount separately. Type of account: | Institution name: | | |
| | | | 401(k) | AAA | | \$1,413.71 |
| 22. | Your s Exam | share of all unu | | e so that you may continue servic ent, public utilities (electric, gas, w | ce or use from a company vater), telecommunications compan | ies, or others |
| | ■ No □ Yes. | | | Institution name or ind | ividual: | |
| 23. | _ | ities (A contrac | ct for a periodic payment of m | oney to you, either for life or for a | a number of years) | |
| | ■ No | | Issuer name and description | ٦. | | |
| 24. | Interes | sts in an educa | · | | under a qualified state tuition pro | gram. |
| | ■ No □ Yes. | | Institution name and descrip | otion. Separately file the records o | of any interests.11 U.S.C. § 521(c): | |
| 25. | ■ No | - | future interests in property information about them | y (other than anything listed in | line 1), and rights or powers exe | rcisable for your benefit |
| 26. | Patent | ts, copyrights | , trademarks, trade secrets | s, and other intellectual propert ceeds from royalties and licensin | | |
| | | . Give specific | information about them | | | |
| 27. | Exam | | es, and other general intang permits, exclusive licenses, c | | liquor licenses, professional license | es |
| | ■ No □ Yes. | . Give specific | information about them | | | |
| M | oney or | property owe | ed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax re | efunds owed to | o you | | | |
| | _ | . Give specific i | information about them, inclu | ding whether you already filed the | e returns and the tax years | |
| 29. | Exam ■ No | • | or lump sum alimony, spous | al support, child support, mainter | nance, divorce settlement, property | settlement |
| 30. | Other | amounts som | neone owes you | | ay, vacation pay, workers' comper | nsation, Social Security |
| | ■ No | | | | | |

Official Form 106A/B

page 4

Schedule A/B: Property

| Debtor 1 Lisa Carol Lancaster Case number (if known) | 18-40304 MAR |
|--|----------------------------|
| ☐ Yes. Give specific information | |
| 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insuran No | ce |
| ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: | Surrender or refund value: |
| 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to rece someone has died. ■ No □ Yes. Give specific information | ive property because |
| Tes. Give specific information | |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim | |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to ■ No □ Yes. Describe each claim | set off claims |
| 35. Any financial assets you did not already list ■ No | |
| ☐ Yes. Give specific information | |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | \$1,413.71 |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
| 37. Do you own or have any legal or equitable interest in any business-related property? | |
| No. Go to Part 6. | |
| Yes. Go to line 38. | |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. | |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | |
| No. Go to Part 7. | |
| Yes. Go to line 47. | |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | |
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No | |
| ☐ Yes. Give specific information | |
| | |

| otor 1 | Lisa Carol Lancaster | | Case number (if known) | 18-40304 MAR |
|--------|--|---|-----------------------------------|-----------------------------------|
| t 8: | List the Totals of Each Part of this Form | | | |
| Part | 1: Total real estate, line 2 | | | \$142,000.00 |
| Part : | 2: Total vehicles, line 5 | \$15,000.00 | | |
| Part : | 3: Total personal and household items, line 15 | \$4,800.00 | | |
| Part 4 | 4: Total financial assets, line 36 | \$1,413.71 | | |
| Part : | 5: Total business-related property, line 45 | \$0.00 | | |
| Part | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| Part ' | 7: Total other property not listed, line 54 + | \$0.00 | | |
| Total | personal property. Add lines 56 through 61 | \$21,213.71 | Copy personal property to | stal \$21,213.71 |
| Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$163,213.71 |
| | Part Part Part Part Part Part Part Total | Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 | Part 1: Total real estate, line 2 | Part 1: Total real estate, line 2 |

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|------------|-----------------------|---|
| Debtor 1 | Lisa Carol Lancas | ster | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | | |
| _ | 18-40304 MAR | | | | |
| (if known) | | | | ☐ Check if this is ar | 1 |
| | | | | amended filing | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | Part 1: Identify the Property You Claim as Exempt |
|--|---|
|--|---|

| | ☐ You are claiming state and federal nonbank | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
|----|--|--------------------------------------|--------|---|------------------------------------|
| | ■ You are claiming federal exemptions. 11 t | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 2017 Kia Sorrento Line from Schedule A/B: 3.1 | \$15,000.00 | | \$3,775.00 | 11 U.S.C. § 522(d)(2) |
| | Line Irom Schedule AVB. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2017 Kia Sorrento Line from Schedule A/B: 3.1 | \$15,000.00 | | \$11,225.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Scriedule AVB. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Miscellaneous Household Goods and Furnishings | \$3,000.00 | | \$3,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Miscellaneous Household Electronics | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Miscellaneous Clothing Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) |
| | LITE ITOTT SCHEUUR AVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

| from Schedule A/B: 12.1 kshire Terrier from Schedule A/B: 13.1 | \$1,000.00 | - | \$1,000.00 100% of fair market value, up to any applicable statutory limit \$100.00 | 11 U.S.C. § 522(d)(4) 11 U.S.C. § 522(d)(5) |
|---|--|---|---|--|
| from Schedule A/B: 12.1 kshire Terrier | | • | 100% of fair market value, up to any applicable statutory limit | |
| kshire Terrier | \$100.00 | • | any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(5) |
| HOITI SCHEdule A/D. 13.1 | | _ | | |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| =" ' = | \$1,413.71 | | \$1,413.71 | 11 U.S.C. § 522(d)(12) |
| HOIII SCHEUUIE PAB. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| ject to adjustment on 4/01/19 and every No | 3 years after that for ca | ases fil | · | , |
| | ject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover | you claiming a homestead exemption of more than \$160,37 ject to adjustment on 4/01/19 and every 3 years after that for cannot No Yes. Did you acquire the property covered by the exemption w | you claiming a homestead exemption of more than \$160,375? ject to adjustment on 4/01/19 and every 3 years after that for cases fil No Yes. Did you acquire the property covered by the exemption within 1 | from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit you claiming a homestead exemption of more than \$160,375? ject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case |

| Fill in this inform | nation to identify you | ır case: | | | | |
|---|---------------------------|--|-------------|--|--|-------------------|
| Debtor 1 | Lisa Carol Lanc | easter Middle Name Last N | ame | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last N | ame | | | |
| United States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF MICHIGAN | | | | |
| | | | | | | |
| Case number 1 | 8-40304 MAR | | | | ☐ Check | if this is an |
| | | | | | amend | ded filing |
| Official Form | n 106D | | | | | |
| Schedule | D: Creditors | Who Have Claims Sec | ured l | by Propert | У | 12/15 |
| Be as complete and | l accurate as possible. | If two married people are filing together, both out, number the entries, and attach it to this f | n are equal | ly responsible for su | ipplying correct informa | |
| 1. Do any creditors | have claims secured by | y your property? | | | | |
| ☐ No. Check | this box and submit to | his form to the court with your other sched | ules. You | have nothing else t | o report on this form. | |
| Yes. Fill in | all of the information | below. | | | | |
| Part 1: List Al | I Secured Claims | | | Column A | Column B | Column C |
| for each claim. If me | ore than one creditor has | more than one secured claim, list the creditor sets a particular claim, list the other creditors in Partical order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 Macomb C | | Describe the property that secures the claim | | \$28,816.00 | \$142,000.00 | \$28,816.00 |
| Planning & Developm 1 Main St. Mount Cle | & Economic | As of the date you file, the claim is: Check all apply. ☐ Contingent ☐ Unliquidated | | | | |
| Who owes the del | bt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgag car loan) | e or secure | ed | | |
| ☐ Debtor 2 only ☐ Debtor 1 and De | htor 2 only | ☐ Statutory lien (such as tax lien, mechanic's | lien) | | | |
| _ | ne debtors and another | ☐ Judgment lien from a lawsuit | ileii) | | | |
| ☐ Check if this cla | | Other (including a right to offset) | Loan - N | lo Payments Du | e | |
| Date debt was incu | | Last 4 digits of account number | 2615 | | | |
| | | | | | | |
| 2.2 Shellpoint Servicing Creditor's Name | Mortgage | Describe the property that secures the claim 16312 Orchard Ln. Fraser, MI 4802 | | \$154,117.00 | \$142,000.00 | \$12,117.00 |
| | | Macomb County | | | | |
| PO Box 19 Greenville | | As of the date you file, the claim is: Check all | I that | | | |
| 29602-900 | · | apply. Contingent | | | | |
| Number, Street, | City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the de | bt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortgag car loan) | e or secure | ed | | |
| ☐ Debtor 2 only ☐ Debtor 1 and De | ebtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's | lien) | | | |
| | ne debtors and another | ☐ Judgment lien from a lawsuit | , | | | |
| ☐ Check if this cla community del | | 3 | Mortgag | je | | |
| Date debt was incu | ırred | Last 4 digits of account number | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Lisa Carol Lancaster Case number (if know) 18-40304 MAR
First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here: \$182,933.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$182,933.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| | | | | | 1 | |
|---|---|--|---|--|--|---|
| Fill in this inf | formation to identify your case: | | | | | |
| Debtor 1 | Lisa Carol Lancaster | | | | | |
| Dahtar 0 | First Name | Middle Name Last Nam | e | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Nam | е | | | |
| United States | Bankruptcy Court for the: EAS | STERN DISTRICT OF MICHIGAN | | | | |
| Case number | 18-40304 MAR | | | | | |
| (if known) | | | | | | if this is an led filing |
| O#: a: a! Ea | 400E/E | | | | | J. |
| | orm 106E/F • F/F: Creditors Who I | Have Unsecured Claim | S | | | 12/15 |
| any executory of Schedule G: Ex Schedule D: Cro left. Attach the | contracts or unexpired leases that co ecutory Contracts and Unexpired Le editors Who Have Claims Secured by | 1 for creditors with PRIORITY claims a buld result in a claim. Also list execute eases (Official Form 106G). Do not incl y Property. If more space is needed, co but have no information to report in a Pro- | ory contrac ude any cre opy the Par | ts on Schedule A/B: Feditors with partially s t you need, fill it out, it | Property (Official For secured claims that a number the entries in | m 106A/B) and on are listed in n the boxes on the |
| Part 1: Lis | t All of Your PRIORITY Unsecur | ed Claims | | | | |
| 1. Do any cre | editors have priority unsecured clain | ns against you? | | | | |
| ☐ No. Go | to Part 2. | | | | | |
| Yes. | | | | | | |
| identify what possible, lis | at type of claim it is. If a claim has both at the claims in alphabetical order according | reditor has more than one priority unsecu priority and nonpriority amounts, list that rding to the creditor's name. If you have n claim, list the other creditors in Part 3. | claim here a | and show both priority a | and nonpriority amount | ts. As much as |
| (For an exp | planation of each type of claim, see the | instructions for this form in the instruction | booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 Inter | nal Revenue Service | Last 4 digits of account number | 3346 | \$2,346.43 | \$2,346.43 | \$0.00 |
| | / Creditor's Name ralized Insolvency | When was the debt incurred? | 2013 | | | |
| PÖ B | rations Box 7346 Idelphia, PA 19101-7346 | | | | - | |
| | er Street City State ZIp Code | As of the date you file, the claim | is: Check | all that apply | | |
| Who incu | rred the debt? Check one. | ☐ Contingent | | | | |
| ■ Debto | r 1 only | ☐ Unliquidated | | | | |
| ☐ Debtor | r 2 only | ☐ Disputed | | | | |
| ☐ Debtor | r 1 and Debtor 2 only | Type of PRIORITY unsecured cl | aim: | | | |
| ☐ At leas | st one of the debtors and another | ☐ Domestic support obligations | | | | |
| ☐ Check | c if this claim is for a community del | bt Taxes and certain other debts | you owe the | government | | |
| Is the cla | im subject to offset? | \square Claims for death or personal in | | | | |
| ■ No | | ☐ Other. Specify | | | | |
| ☐ Yes | | Tax Debt | | | | |

| De | ebtor 1 Lisa Carol Lancaster | | Case n | umber (if know) | 18-40304 MAR | |
|-----|---|--|-----------------|---------------------------|------------------------------|---------------|
| 2.2 | | Last 4 digits of account number | 3346 | \$3,742.30 | \$3,742.30 | \$0.00 |
| | Priority Creditor's Name Centralized Insolvency Operations | When was the debt incurred? | 2015 | | _ | |
| | PO Box 7346 | | | | | |
| | Philadelphia, PA 19101-7346 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all | I that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | ıim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts y | ou owe the | government | | |
| | Is the claim subject to offset? | Claims for death or personal inj | - | = | | |
| | ■ No | Other. Specify | | | | |
| | ☐ Yes | Tax Debt | | | | |
| 2.3 | Internal Revenue Service | Last 4 digits of account number | 3346 | \$9,800.00 | \$9,800.00 | \$0.00 |
| | Priority Creditor's Name | | | | | Ψ0.00 |
| | Centralized Insolvency | When was the debt incurred? | 2016 | | _ | |
| | Operations PO Box 7346 | | | | | |
| | Philadelphia, PA 19101-7346 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all | I that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | ıim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts y | ou owe the g | government | | |
| | Is the claim subject to offset? | Claims for death or personal inj | ury while you | were intoxicated | | |
| | No | Other. Specify | | | | |
| | ☐ Yes | Tax Debt | | | | |
| Pa | art 2: List All of Your NONPRIORITY Unsecu | red Claims | | | | |
| 3. | Do any creditors have nonpriority unsecured claim | ns against you? | | | | |
| | \square No. You have nothing to report in this part. Submit | this form to the court with your other | schedules. | | | |
| | Yes. | | | | | |
| 4. | List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. | laim. For each claim listed, identify wh | nat type of cla | aim it is. Do not list cl | aims already included in Par | rt 1. If more |
| | | | | | Total clai | m |

| Debto | ¹ Lisa Carol Lancaster | | Case number (if know) 18-40304 MAR | |
|-------|---|--|--|------------|
| 4.1 | Acceptance Now | Last 4 digits of account number | 1301 | \$1,321.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 5501 Headquarters Dr Plano, TX 75024 | When was the debt incurred? | Opened 6/22/16 Last Active 8/13/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Personal Lo | pan | |
| 4.2 | Acs/dept Of Ed Nonpriority Creditor's Name | Last 4 digits of account number | 3461 | \$1.00 |
| | Acs/Education Services Po Box 7051 | When was the debt incurred? | Opened 3/29/02 Last Active 6/16/10 | |
| | Utica, NY 13504 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | <u>I</u> | |
| 4.3 | AmeriCredit/GM Financial Nonpriority Creditor's Name | Last 4 digits of account number | 3025 | \$9,058.00 |
| | Po Box 183853 Arlington, TX 76096 | When was the debt incurred? | Opened 8/31/15 Last Active 9/22/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | ■ Other. Specify Auto Lease | · | |

| Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 5187 | \$1,470 |
|--|--|---|---------|
| . , | | Opened 5/04/15 Last Active | |
| 100 S West St Wilmington, DE 19801 | When was the debt incurred? | 5/11/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | <u> </u> | |
| Best Buy | Last 4 digits of account number | 2858 | \$73 |
| Nonpriority Creditor's Name Credit Services | When was the debt incurred? | 2916 | |
| PO Box 688910 | | | |
| Des Moines, IA 50368-8910 Number Street City State Zlp Code | As of the data was file the alaim i | to OL I III . | |
| Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | ■ Other. Specify Credit card | purchases | |
| Binson's Home Health Care Centers | Last 4 digits of account number | 1610 | \$2° |
| Nonpriority Creditor's Name | | | • |
| PO Box 129 Warren, MI 48090-0129 | When was the debt incurred? | 2016 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | | |
| ☐ Yes | Other. Specify Medical Bil | I | |

| Lisa Carol Lancaster | Case number (if know) 18-403 | 04 MAR |
|--|---|---------|
| Care Credit/Synchrony Bank | Last 4 digits of account number 8505 | \$715. |
| Nonpriority Creditor's Name PO Box 960061 | When was the debt incurred? 2016 | |
| Orlando, FL 32896-0061 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | The of the date you me, the claim is. oneon an that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Credit Card Purchases | |
| Carson's/Comenity | Last 4 digits of account number 2866 | \$249.0 |
| Nonpriority Creditor's Name PO Box 659450 | When was the debt incurred? 2016 | |
| San Antonio, TX 78265-9450 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | The of the date you me, the claim is. Officer all that apply | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you dicreport as priority claims | not |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify | |
| Cavalry Portfolio | Last 4 digits of account number 8505 | \$715.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 1017 | When was the debt incurred? 2017 | |
| Hawthorne, NY 10532 | _ | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <u></u> | | |
| ■ Debtor 1 only | Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you dic | Inot |
| ls the claim subject to offset? | report as priority claims | not |
| No | $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection Account | |

| Debto | Lisa Carol Lancaster | | Case number (if know) 18-40304 MA | R |
|----------|--|--|--|------------|
| 4.1 | Cavalry Portfolio Services | Last 4 digits of account number | 2844 | \$500.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department 500 Summit Lake Ste 400 Valhalla, NY 10595 | When was the debt incurred? | Opened 09/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Collection | 51 , | |
| | | · , | | |
| 4.1 1 | Check into Cash Nonpriority Creditor's Name | Last 4 digits of account number | | \$705.00 |
| | PO Box 550 Cleveland, TN 37364 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Personal L | | |
| 4.1 | Christian Financial C.U. | Last 4 digits of account number | 18GC | \$6,860.00 |
| | Nonpriority Creditor's Name c/o The Leduc Group PO Box 2191 | When was the debt incurred? | 2017 | |
| | Royal Oak, MI 48068 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | - · | |
| | Yes | Other. Specify Pending La | wsuit | |

| Christian Financial C.U. VISA | Last 4 digits of account number | 7123 | _ | \$1,66° |
|---|---|-------------------------------|------------------|---------|
| Nonpriority Creditor's Name PO Box 37603 Philadelphia, PA 19101-0603 | When was the debt incurred? | 2015 | | |
| Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| No | Debts to pension or profit-sharin | a plane, and other similar de | phte | |
| | · · | • • | :015 | |
| Yes | Other. Specify Credit Card | Purchases | | |
| Christian Financial CU | Last 4 digits of account number | 2001 | | \$3,68° |
| Nonpriority Creditor's Name Attn Bankruptcy 18441 Utica Rd | When was the debt incurred? | Opened 08/14 Last 2/10/16 | t Active | |
| Roseville, MI 48066 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | · · | • | |
| No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | |
| Yes | Other. Specify Unsecured | | | |
| Christian Financial CU | Last 4 digits of account number | 3443 | | \$1,51 |
| Nonpriority Creditor's Name Attn Bankruptcy 18441 Utica Rd Roseville, MI 48066 | When was the debt incurred? | Opened 12/15 Last 4/13/16 | t Active | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| Is the claim subject to offset? | report as priority claims | | | |
| ■ No | Debts to pension or profit-sharing | = - | ebts | |
| □Yes | Other. Specify Unsecured | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 29

| Comenity Bank/fashbug | Last 4 digits of account number | 3138 | \$1.00 |
|---|--|---|--------|
| Nonpriority Creditor's Name | - Luci 4 digito oi docodini namboi | | **** |
| Po Box 182789 Columbus, OH 43218 | When was the debt incurred? | Opened 03/12 Last Active 3/24/12 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Charge Acc | count | |
| Comenity Bank/Pier 1 | Last 4 digits of account number | 7014 | \$1.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy | _ | Opened 04/15 Last Active | |
| Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | 6/03/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Comenity Bank/Victoria Secret | Last 4 digits of account number | 9124 | \$1.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 04/15 Last Active 12/17 | |
| Number Street City State Zlp Code Nho incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt ls the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify Charge Acc | count | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 29

| Debte | or 1 Lisa Carol Lancaster | | Case number (if know) 18-40304 MAR | |
|----------|---|--|---|-------------|
| 4.1 9 | Crickets Financial | Last 4 digits of account number | | \$1.00 |
| | Nonpriority Creditor's Name 32895 Schoenherr Rd. Warren, MI 48088 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | Yes | Other. Specify Personal L | oan | |
| 4.2 | Dan Guyer MD PC | Last 4 digits of account number | 5657 | \$240.00 |
| | Nonpriority Creditor's Name c/o ARS Collections PO Box 15241 | When was the debt incurred? | 2017 | |
| | Lansing, MI 48901 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Collection | Account | |
| 4.2 1 | Dept Of Ed/582/nelnet | Last 4 digits of account number | 8847 | \$10,109.00 |
| | Nonpriority Creditor's Name Attn: Claims/Bankruptcy Po Box 82505 | When was the debt incurred? | Opened 03/02 Last Active 11/30/17 | |
| | Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | al | |
| | | | | |

| Lisa Carol Lancaster | | Case number (if know) | 18-40304 MAR | |
|---|--|----------------------------------|----------------|------------|
| Dept Of Ed/582/nelnet | Last 4 digits of account number | 8647 | | \$4,628.00 |
| Nonpriority Creditor's Name Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 01/10 Last A 11/30/17 | Active | |
| Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | П о | | | |
| ■ Debtor 1 only | ☐ Contingent☐ Unliquidated | | | |
| Debtor 2 only | ☐ Disputed | | | |
| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | l claim: | | |
| At least one of the debtors and another | Student loans | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | ration agreement or divorce the | at you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debt | s | |
| □ Yes | Other. Specify | 9 F | | |
| La Tes | Educationa | I | | |
| | | <u> </u> | | |
| Dept Of Ed/582/nelnet Nonpriority Creditor's Name | Last 4 digits of account number | 8747 | | \$4,366.00 |
| Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 03/02 Last A 11/30/17 | Active | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| ☐ Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that | at you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debt | S | |
| □ Yes | Other. Specify | | | |
| | Educationa | l | | |
| Dept Of Ed/582/nelnet | Last 4 digits of account number | 9247 | | \$3,764.00 |
| Nonpriority Creditor's Name Attn: Claims/Bankruptcy Po Box 82505 | When was the debt incurred? | Opened 10/11 Last A 11/30/17 | Active | |
| Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 1 only Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| ☐ Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that | at you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debt | s | |
| | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 10 of 29

| Dept Of Ed/582/nelnet | Last 4 digits of account number | 8947 | \$3,327.00 |
|---|---|--|------------|
| Nonpriority Creditor's Name Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 03/11 Last Active 11/30/17 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | Пол | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| At least one of the debtors and another | Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ■ No | Other. Specify | g plane, and early earlian debte | |
| □ Yes | Educationa | | |
| | | - | |
| Dept Of Ed/582/nelnet | Last 4 digits of account number | 8547 | \$2,683.00 |
| Nonpriority Creditor's Name Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 01/10 Last Active 11/30/17 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | <u> </u> | |
| Dept Of Ed/582/neInet Nonpriority Creditor's Name | Last 4 digits of account number | 9047 | \$2,163.00 |
| Attn: Claims/Bankruptcy Po Box 82505 | When was the debt incurred? | Opened 10/11 Last Active 11/30/17 | |
| Lincoln, NE 68501 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ☐ Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 11 of 29

| Debtor | 1 Lisa Carol Lancaster | | Case number (if know) 18-40304 MA | R |
|----------|--|--|--|----------|
| 4.2 | Dept Of Ed/582/nelnet | Last 4 digits of account number | 9147 | \$135.00 |
| 0 | Nonpriority Creditor's Name Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 10/11 Last Active 11/30/17 | <u> </u> |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | _ ′ | ☐ Unliquidated | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | I | |
| 4.2 9 | Dept Of Ed/Navient | Last 4 digits of account number | 0329 | \$1.00 |
| | Nonpriority Creditor's Name Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773 | When was the debt incurred? | Opened 3/29/02 Last Active 7/09/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | Other. Specify | | |
| | | Educationa | I | |
| 4.3 0 | Dept Of Ed/Navient Nonpriority Creditor's Name | Last 4 digits of account number | 0121 | \$1.00 |
| | Po Box 9635 Wilkes Barre, PA 18773 | When was the debt incurred? | Opened 1/21/10 Last Active 7/09/15 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | l alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured Student loans | i Ciaiiii. | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharin | g pians, and other similar debts | |
| | Yes | Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 12 of 29

| Jebic | Lisa Carol Lancaster | | Case number (if know) 18-40304 MAR | |
|----------|--|--|--|----------------|
| 1.3 | Discover Financial | Last 4 digits of account number | 5758 | \$1,007.00 |
| | Nonpriority Creditor's Name | _ | | |
| | Po Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 04/15 Last Active 3/27/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | l claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 1.3 | Eastwood Community Clinics | Last 4 digits of account number | 8209 | \$48.00 |
| 2 | Nonpriority Creditor's Name PO Box 14000 | When was the debt incurred? | 2016 | V 10100 |
| | Belfast, ME 04915-4033 | _ | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | Пан | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | l claim: | |
| | At least one of the debtors and another | Student loans | rolann. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | a plane, and other similar debts | |
| | ■ No | Other. Specify Medical Bil | | |
| _ | | | | |
| 1.3 3 | Esurance | Last 4 digits of account number | 3089 | \$200.00 |
| | Nonpriority Creditor's Name c/o Credit Collection Services PO Box 55126 | When was the debt incurred? | 2016 | |
| | Boston, MA 02205-5126 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | Пан | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | l claim: | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | Debts to pension or profit-sharir | g plans, and other similar debts | |
| | ■ No □ Yes | Other. Specify Collection | • • | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 13 of 29

| - Fingerhut | Last 4 digits of account number | 5163 | \$510.00 |
|--|---|--|-------------------|
| Nonpriority Creditor's Name | When was the debt incurred? | 2016 | |
| Newark, NJ 07101 | mon was the dest meaned. | | |
| Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. Debtor 1 only | Пан | | |
| | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ At least one or the debtors and another ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ⊒ Yes | Other. Specify Credit Card | 9 . | |
| Tank Baranian Barah | | 0000 | \$4.400.00 |
| First Premier Bank Nonpriority Creditor's Name | Last 4 digits of account number | 0882 | \$1,129.00 |
| Po Box 5524 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 03/15 Last Active 1/18/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| $oldsymbol{\square}$ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | | |
| Genesis Credit Union | Last 4 digits of account number | 0365 | \$5,081.00 |
| Nonpriority Creditor's Name 2100 Executive Hills Blvd. | When was the debt incurred? | 2015 | |
| Auburn Hills, MI 48326 Number Street City State ZIp Code | As of the date you file, the claim i | s. Check all that annly | |
| Who incurred the debt? Check one. | 7.5 of the date you me, the claim. | o. Onook all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| Check if this claim is for a community | Student loans | | |
| lebt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ■ No □ Yes | Other. Specify Credit Card | 9 . | |

| Genisys Credit Union | Last 4 digits of account number | 0500 | \$6,462.00 |
|--|---|--|------------|
| Nonpriority Creditor's Name | | | * - 7 |
| 50 W Big Beaver Troy, MI 48084 | When was the debt incurred? | Opened 05/14 Last Active 7/26/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | i claim: | |
| ☐ Check if this claim is for a community | | ration agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other circular debte | |
| ■ No □ Yes | | g plans, and other similar debts | |
| ⊔ Yes | Other. Specify Note Loan | | |
| Global Payments Check | Last 4 digits of account number | 3101 | \$1,025.00 |
| Nonpriority Creditor's Name Po Box 59371 | When was the debt incurred? | Opened 2/05/16 Last Active 5/10/16 | |
| Chicago, IL 60659 Number Street City State Zlp Code | As of the date you file, the claim i | s: Chack all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim? | 3. Oneon all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Returned C | heck | |
| | | | |
| Hart Medical Equipment Nonpriority Creditor's Name | Last 4 digits of account number | 6459 | \$116.00 |
| 14500 Hall Rd. Sterling Heights, MI 48313-1229 | When was the debt incurred? | 2016 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community debt s the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| s the claim subject to onset? | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| 110 | ■ Other. Specify Medical Bill | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 15 of 29

| Henry Ford Health System | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | | |
|---|--|--|------------|
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ-10.00 |
| Administrative Services Building PO Box 339 | When was the debt incurred? | 2016 | |
| Froy, MI 48099-0339 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | • | I claim: | |
| ☐ Check if this claim is for a community | | | |
| debt s the claim subject to offset? | | ration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Medical Bil | <u> </u> | |
| Henry Ford Health System | Last 4 digits of account number | 8280 | \$1,611.00 |
| Nonpriority Creditor's Name Box 553920 Detroit, MI 48255-3920 | When was the debt incurred? | 2017 | |
| Number Street City State Zlp Code Nho incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐Yes | Other. Specify Medical Bil | <u> </u> | |
| n Touch C.U. | Last 4 digits of account number | | \$145.00 |
| Nonpriority Creditor's Name PO Box 250169 | When was the debt incurred? | 2016 | |
| Plano, TX 75025 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt | | ration agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | | |

| Debto | r 1 Lisa Carol Lancaster | | Case number (if know)18-40304 MAR | |
|----------|---|--|--|------------|
| 4.4 | JC Penney/Synchrony Bank | Last 4 digits of account number | 3421 | \$178.00 |
| | Nonpriority Creditor's Name PO Box 960090 Orlando, FL 32896-0090 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | nation agreement of arrefee that you are not | |
| | ■ No | Debts to pension or profit-sharing | • • | |
| | Yes | Other. Specify Credit Card | l Purchases | |
| 4.4 | Key West Associates LLC | Last 4 digits of account number | 56GC | \$2,127.00 |
| | Nonpriority Creditor's Name c/o Attorney Steven A. Menken PO Box 7170 | When was the debt incurred? | 2016 | |
| | Bloomfield Hills, MI 48302 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Judgment | | |
| 4.4 | Kohls/Capital One | Last 4 digits of account number | 5973 | \$500.00 |
| <u> </u> | Nonpriority Creditor's Name Kohls Credit Po Box 3043 | When was the debt incurred? | Opened 04/13 Last Active 7/17/16 | |
| | Milwaukee, WI 53201 Number Street City State Zlp Code | As of the date you file, the claim | | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | |
| | ■ No | | - • | |
| | Yes | Other. Specify Charge Acc | count | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 17 of 29

| Debtor | 1 Lisa Carol Lancaster | | Case number (if know) 18-40304 | MAR |
|--------|--|--|--|----------|
| 4.4 | LJ Ross | Last 4 digits of account number | 1960 | \$745.00 |
| | Nonpriority Creditor's Name PO Box 6099 Jackson, MI 49204-6099 | When was the debt incurred? | 2016 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection | Account | _ |
| 4.4 | Lord & Taylor | Last 4 digits of account number | 4293 | \$435.00 |
| | Nonpriority Creditor's Name Collection Department 111 Boulder Industrial Dr. | When was the debt incurred? | 2016 | _ |
| | Bridgeton, MO 63044 Number Street City State Zlp Code | As of the date you file, the claim | is. Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | s. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | l Purchases | _ |
| 4.4 | Macys | Last 4 digits of account number | 5517 | \$294.00 |
| | Nonpriority Creditor's Name Bankruptcy Processing P.O. Box 8053 | When was the debt incurred? | 2016 | _ |
| - | Mason, OH 45040 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | = : | |
| | Yes | Other. Specify Credit Card | I Purchases | _ |

| Was the Basil | | | |
|--|---|--|------------------|
| Merrick Bank | Last 4 digits of account number | 9395 | \$223.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy | When was the debt incurred? | 2016 | |
| PO Box 9201 | | | |
| Old Bethpage, NY 11804 | | Objects all that are he | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Спеск ан тлат аррну | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | l Purchases | |
| Mich 1st Cu | Last 4 digits of account number | 0009 | \$1,844.00 |
| Nonpriority Creditor's Name | | | V 1,01110 |
| 27000 Evergreen Rd Lathrup Village, MI 48076 | When was the debt incurred? | Opened 06/15 Last Active 3/09/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | , | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Unsecured | | |
| Mich 1st Cu | Last 4 digits of account number | 0008 | \$552.00 |
| Nonpriority Creditor's Name | | | Ψ002.00 |
| 27000 Evergreen Rd Lathrup Village, MI 48076 | When was the debt incurred? | Opened 03/16 Last Active 10/01/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | ■ Other. Specify Unsecured | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 19 of 29

| Michigan First Cu | Last 4 digits of account number | 6283 | \$2,712.0 |
|---|--|---|-----------|
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ2,112.0 |
| 27000 Evergreen Rd Southfield, MI 48076 | When was the debt incurred? | Opened 10/12 Last Active 3/10/16 | |
| Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| Midland Funding | Last 4 digits of account number | 5869 | \$214. |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 939069 | When was the debt incurred? | Opened 8/31/16 | |
| San Diego, CA 92193 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | • | |
| Yes | Other. Specify 01 Synchro | ony Bank | |
| Midnight Velvet | Last 4 digits of account number | 8290 | \$1. |
| Nonpriority Creditor's Name Swiss Colony/Midnight Velvet | When was the debt incurred? | Opened 3/28/16 | |
| 1112 7th Ave Monroe, WI 53566 | | Oponiou 0,20,10 | |
| Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d claim: | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | u Ciaiiii. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify Charge Acc | | |

| Montgomery Ward | y Ward Last 4 digits of account numb | 8290 | \$921.0 |
|--|---|---|--------------|
| Nonpriority Creditor's Name | Last 4 digits of account number | | 792 1 |
| 3650 Milwaukee St. Madison, WI 53714-2399 | When was the debt incurred? | 2016 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | l Purchases | |
| National Credit Adjusters LLC | Last 4 digits of account number | | \$2,226 |
| Nonpriority Creditor's Name | | | |
| PO Box 3023 327 W. 4th Street | When was the debt incurred? | 2016 | |
| Hutchinson, KS 67504 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| ☐ Check if this claim is for a community debt | | | |
| ls the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | Other. Specify Collection | | |
| Navient | Last 4 digits of account number | 0121 | \$1 |
| Nonpriority Creditor's Name | | | |
| Attn: Bankruptcy Po Box 9500 | When was the debt incurred? | Opened 01/10 Last Active 09/10 | |
| Wilkes-Barr, PA 18873 Number Street City State Zlp Code | As of the date you file, the claim i | is: Chook all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан так арргу | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ☐ Other. Specify | | |

| Navient Nonpriority Creditor's Name | Last 4 digits of account number | 0121 | \$1.0 |
|---|--|---|------------|
| Attn: Bankruptcy | | Opened 01/10 Last Active | |
| Po Box 9500 | When was the debt incurred? | 09/10 | |
| Wilkes-Barr, PA 18873 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | ss: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ☐ Other. Specify | | |
| | Educationa | ıl | |
| Nordstrom FSB Nonpriority Creditor's Name | Last 4 digits of account number | 4647 | \$997.00 |
| Attn: Bankruptcy Department Po Box 6555 | When was the debt incurred? | Opened 04/15 Last Active 6/21/16 | |
| Englewood, CO 80155 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify Credit Card | | |
| | | | |
| Plain Green Loans Nonpriority Creditor's Name | Last 4 digits of account number | 0330 | \$2,226.00 |
| Po Box 270 Box Elder, MT 59521 | When was the debt incurred? | Opened 1/30/16 Last Active 3/11/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Unsecured | | |

| | | | _ |
|---|--|--|--------|
| Portfolio Recovery | Last 4 digits of account number | 1830 | \$6 |
| Nonpriority Creditor's Name P.O. Box 12914 | When was the debt incurred? | 2017 | |
| Norfolk, VA 23541 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| _ | П. | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | Lateta | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Collection | Account | |
| Portfolio Recovery | Last 4 digits of account number | 5187 | \$1,53 |
| Nonpriority Creditor's Name P.O. Box 12914 | When was the debt incurred? | 2017 | |
| Norfolk, VA 23541 Number Street City State Zlp Code | As of the date you file, the claim | S: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | 3. Offect all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | Other. Specify Collection | • • | |
| | | | |
| Portfolio Recovery | Last 4 digits of account number | 3066 | \$1,90 |
| Nonpriority Creditor's Name P.O. Box 12914 Norfolk, VA 23541 | When was the debt incurred? | 2017 | |
| Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | |
| No | Lebis to pension of profit-sharing | g pians, and other similar debts | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 23 of 29

| | | 0050 | *** |
|---|---|---|------------|
| Portfolio Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 2858 | \$733.0 |
| P.O. Box 12914 Norfolk, VA 23541 | When was the debt incurred? | 2017 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| At least one of the debtors and another | Student loans | a diami. | |
| ☐ Check if this claim is for a community debt steep to claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection Account | | |
| Qck Ln Cbna | Last 4 digits of account number | 0452 | \$1.00 |
| Nonpriority Creditor's Name | . | | |
| 50 Northwest Point Road Elk Grove Village, IL 60007 | When was the debt incurred? | Opened 7/11/15 Last Active 1/02/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| No | Debts to pension or profit-sharing plans, and other similar debts | | |
| ☐ Yes | Other. Specify Charge Acc | count | |
| RGS Financial | Last 4 digits of account number | | \$363.00 |
| Nonpriority Creditor's Name PO Box 852039 | When was the debt incurred? | 2016 | |
| Richardson, TX 75085-2039 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | 710 of the date yearing, the olding | o. Onook all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ Yes | ■ Other. Specify Collection | Account | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 24 of 29

| Case number (if know) 18-40304 MA | R |
|---|--|
| Last 4 digits of account number | \$3,395.00 |
| When was the debt incurred? 2017 | |
| As of the date you file, the claim is: Check all that apply | |
| ☐ Contingent | |
| | |
| · · · | |
| Type of NONPRIORITY unsecured claim: | |
| ☐ Student loans | |
| ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Other. Specify Attorney Fees | |
| Last 4 digits of account number 4601 | \$83,470.80 |
| When was the debt incurred? 2012 | · , |
| As of the date you file, the claim is: Check all that apply | |
| ☐ Contingent | |
| ☐ Unliquidated | |
| ■ Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| ☐ Student loans | |
| | |
| • • • | |
| ■ Other. Specify Benefits Overpayment | |
| | |
| Last 4 digits of account number 7808 | \$6,778.07 |
| When was the debt incurred? | |
| As of the date you file the claim is: Check all that apply | |
| To a line and you me, and cham to concert an and apply | |
| ☐ Contingent | |
| ☐ Unliquidated | |
| ☐ Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| ☐ Student loans | |
| Obligations arising out of a separation agreement or divorce that you did not | |
| report as priority claims | |
| report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Attorney Fees Last 4 digits of account number Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Benefits Overpayment Last 4 digits of account number Other. Specify Benefits Overpayment Last 4 digits of account number Cother. Specify Cother of NonPRIORITY unsecured claim: Cother of Nonpayment Last 4 digits of account number Other of Nonpayment Last 5 digits of account number Other of Nonpayment Contingent Unliquidated Disputed Type of Nonpriority unsecured claim: Student loans |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Synchrony Bank/Lowes | Last 4 digits of account number | 1240 | \$1.00 |
|---|---|---|------------|
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 4/20/15 Last Active 7/31/16 | • |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | | |
| Yes | Other. Specify Charge Acc | count | |
| TCF Bank | Last 4 digits of account number | 8012 | \$363.00 |
| Nonpriority Creditor's Name P.O. Box 8000 | When was the debt incurred? | 2016 | |
| Ann Arbor, MI 48107 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection | Account | |
| TD Bank USA/Target Credit | Last 4 digits of account number | 6856 | \$3,282.00 |
| PO Box 673 Minneapolis, MN 55440 | When was the debt incurred? | Opened 4/10/13 Last Active 4/08/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | l Purchases | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 26 of 29

| Debtor | 1 Lisa Carol Lancaster | | Case number (if know) | 18-40304 MAR | |
|----------|--|--|--------------------------------|------------------|----------|
| 4.7 | Vascular and Endovascular Assoc. | Last 4 digits of account number | 3526 | | \$230.00 |
| | Nonpriority Creditor's Name Dept. 999368 PO Box 33739 | When was the debt incurred? | 2017 | | |
| | Detroit, MI 48232-3739 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | _ | | | |
| | Debtor 1 only | Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | |
| | At least one of the debtors and another | Student loans | ı Cialiii. | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar de | hts | |
| | | · | • | 513 | |
| | Yes | Other. Specify Medical Bil | <u> </u> | | |
| 4.7 | VISA | Last 4 digits of account number | | | \$700.00 |
| | Nonpriority Creditor's Name PO Box 4521 | When was the debt incurred? | 2016 | | |
| | Carol Stream, IL 60197 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | _ | | | |
| | Debtor 1 only | Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alaim. | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or diverse | that you did not | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce | inat you did not | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar del | bts | |
| | Yes | Other. Specify Credit Card | l Purchases | | |
| 1 | Vice Dent Stere National | | | | |
| 4.7 5 | Visa Dept Store National Bank/Macy's | Last 4 digits of account number | 5517 | | \$328.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 | When was the debt incurred? | Opened 09/15 Last 7/04/16 | Active | |
| | Mason, OH 45040 | | - | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | 1 claim: | | |
| | At least one of the debtors and another | Student loans | a Giallili. | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | nanon agreement of divorce | mat you did flot | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| | ☐ Yes | Other. Specify Charge Acc | count | | |
| | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

| Debtor 1 Lisa Carol Lancaster | | Case number (if know) | 18-40304 MAR |
|---|---|--|--|
| have more than one creditor for any of the contified for any debts in Parts 1 or 2, do not | | ne additional creditors here. If yo | u do not have additional persons to be |
| Name and Address 37th District Court 8300 Common Rd. Case No. 16-2956-GC Warren, MI 48093 | On which entry in Part 1 or Part 2 Line 4.44 of (Check one): | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non | |
| | Last 4 digits of account number | | |
| Name and Address 39th District Court 29733 Gratiot Ave. Case No.17-2918-GC Roseville, MI 48066 | On which entry in Part 1 or Part 2 Line 4.12 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non | |
| | | | |
| Name and Address Alltran Financial, LP PO Box 610 Sauk Rapids, MN 56379 | On which entry in Part 1 or Part 2 Line 4.45 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non | • |
| Name and Address Alltran Financial, LP PO Box 610 Sauk Rapids, MN 56379 | On which entry in Part 1 or Part 2 Line 4.9 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non | • |
| Name and Address Bass & Associates 3936 E. Fort Lowell Road Suite 200 Tucson, AZ 85712-1083 | On which entry in Part 1 or Part 2 Line 4.10 of (Check one): | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non | • |
| , | Last 4 digits of account number | | |
| Name and Address Capital Management 698 1/2 South Ogden St. Buffalo, NY 14206-2317 | On which entry in Part 1 or Part 2 Line 4.31 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non | • |
| Name and Address Dinning & Greve PLC 18441 Utica Rd., Ste. A Roseville, MI 48066 | On which entry in Part 1 or Part 2 Line 4.15 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non | |
| Name and Address Forster & Garbus LLP 60 Motor Parkway Commack, NY 11725-5710 | On which entry in Part 1 or Part 2 Line 4.72 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non | |
| Name and Address LJ Ross PO Box 6099 Jackson, MI 49204-6099 | On which entry in Part 1 or Part 2 Line 4.40 of (Check one): Last 4 digits of account number | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non | |
| Name and Address Reviver Financial LLC c/o National Credit Adjusters Dept 835 PO Box 4115 Concord, CA 94524 | On which entry in Part 1 or Part 2 Line 4.60 of (Check one): | did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non. | • |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | |

PO Box 852039 Official Form 106 E/F

RGS Financial

Schedule E/F: Creditors Who Have Unsecured Claims

Line **4.71** of (*Check one*):

Page 28 of 29

☐ Part 1: Creditors with Priority Unsecured Claims

| Lisa Carol Lancaster | | Case number (if know) 18-40304 MAR | | | | |
|-------------------------------------|--|---|--|--|--|--|
| Richardson, TX 75085-2039 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Name and Address | On which entry in Part 1 or Part 2 d | lid you list the original creditor? | | | | |
| U.S. Attorney | Line 2.1 of (Check one): | ■ Part 1: Creditors with Priority Unsecured Claims | | | | |
| 211 W. Fort St Detroit, MI 48226 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | |
| U.S. Attorney | Line 2.2 of (Check one): | ■ Part 1: Creditors with Priority Unsecured Claims | | | | |
| 211 W. Fort St Detroit, MI 48226 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| 5000tt, iiii 40220 | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 d | lid you list the original creditor? | | | | |
| U.S. Attorney | Line 2.3 of (Check one): | ■ Part 1: Creditors with Priority Unsecured Claims | | | | |
| 211 W. Fort St Detroit, MI 48226 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | Last 4 digits of account number | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 15,888.73 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 15,888.73 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 31,180.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 167,132.87 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 198,312.87 |

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|------------|--|---------------------|
| Debtor 1 | Lisa Carol Lanca | ster | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F MICHIGAN | | |
| Case number | 18-40304 MAR | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | erson or | Name, Number | whom you have th , Street, City, State and ZIF | e contract or lease Code | State what the contract or lease is for |
|-----|----------|--------------|---|-----------------------------|---|
| .1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | , | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 |) | | 0.0.0 | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |

| Fill in this | information to identify your | case: | | | |
|------------------------------|---|--|---|--|---|
| Debtor 1 | Lisa Carol Lanca | Ster Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT | OF MICHIGAN | | |
| Case num | 18-40304 MAR | | | | ☐ Check if this is an amended filing |
| | l Form 106H Jule H: Your Cod | ebtors | | | 12/15 |
| people are fill it out, a | | ally responsible for sup boxes on the left. Attac | oplying correct informations the Additional Page to | on. If more space is nee | e as possible. If two married eded, copy the Additional Page, of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case | , do not list either spouse a | as a codebtor. | |
| ■ No | | | | | |
| Arizor — | chin the last 8 years, have you na, California, Idaho, Louisiana, . Go to line 3. | | | | states and territories include |
| ☐ Ye | s. Did your spouse, former spou | use, or legal equivalent li | ve with you at the time? | | |
| in line Form out C | e 2 again as a codebtor only i | f that person is a guara Form 106E/F), or Sche | ntor or cosigner. Make s | ure you have listed the G). Use Schedule D, So | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill itor to whom you owe the debt that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| <u> </u> | Name | | | ☐ Schedule E/F, line☐ Schedule G, line | e |
| | Number Street City | State | ZIP Code | - | |
| 3.2 | Name | | | ☐ Schedule D, line☐ Schedule E/F, line☐ Schedule G, line | e |
| - | Number Street City | State | ZIP Code | - | |

| Fill | in this information to identify | your ca | se: | | | | | | | | |
|--------|--|----------|---------------------------|---|--------------|------|-----------------|-----------------|----------------|----------------------------------|----------|
| Deb | otor 1 Lisa C | arol La | ancaster | | | _ | | | | | |
| | otor 2 ouse, if filing) | | | | | | | | | | |
| Uni | ted States Bankruptcy Court | for the: | EASTERN DISTRICT | OF MICHIGAN | | _ | | | | | |
| Cas | se number 18-40304 N | MAR | | | | | Check if | this is: | | | |
| (If kr | nown) | | | • | | | ☐ An ar | mended | d filing | | |
| _ | | | | | | | | • | | g postpetition ollowing date: | • |
| | fficial Form 106l | | | | | | MM / | DD/ Y | YYY | | |
| S | chedule I: Your | Inco | ome | | | | | | | | 12/15 |
| atta | use. If you are separated a ch a separate sheet to this the table to the table to the table to the table to the table table to the table t | form. (| | | | | d case numb | oer (if k | nown). A | | |
| | information. | | | | | | _ | | | iing spouse | |
| | If you have more than one attach a separate page wit information about additional | ń | Employment status | ■ Employed□ Not employed | | | | Emplo Not en | yea nployed | | |
| | employers. | | Occupation | Legal Secretary | ٧ | | | | | | |
| | Include part-time, seasona self-employed work. | ıl, or | Employer's name | Auto Club Serv | | c. | | | | | |
| | Occupation may include st or homemaker, if it applies | | Employer's address | 1 Auto Club Dr. Dearborn, MI 48 | | | | | | | |
| | | | How long employed to | here? 8 mont | ths | | | | | | |
| Par | Give Details Abo | ut Mon | thly Income | | | | | | | | |
| | mate monthly income as o use unless you are separated | | te you file this form. If | you have nothing to r | report for | any | line, write \$0 | in the | space. Ind | clude your noi | n-filing |
| | u or your non-filing spouse he space, attach a separate s | | | ombine the information | on for all e | empl | oyers for that | t persor | on the li | nes below. If | you need |
| | | | | | | | For Debtor | r 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wage deductions). If not paid mo | | | | 2. | \$ | 4,12 | 5.81 | \$ | N/A | |
| 3. | Estimate and list monthly | y overti | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. | Add lin | e 2 + line 3. | | 4. | \$ | 4,125.8 | 81 | \$ | N/A | |

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

Combined monthly income

| FIII | in this informa | ation to identify yo | our case: | | | | | |
|-------------|----------------------------|-------------------------------------|----------------|---|--|------------------|-----------------|---|
| Deb | tor 1 | Lisa Carol L | ancaster | | | Check | t if this is: | |
| D-1- | t0 | | | | | _ | amended filing | |
| Debi | tor 2 buse, if filing) | | | | | | | ving postpetition chapter the following date: |
| ` ' | , 3, | | | | | | · | and rone wing date. |
| Unite | ed States Bank | ruptcy Court for the | : EASTE | RN DISTRICT OF MICHIG | AN | | MM / DD / YYYY | |
| Case | e number 18 | 8-40304 MAR | | | | | | |
| (If kr | nown) | | | | | | | |
| | | | | | | | | |
| Ωf | ficial Ec | rm 106J | | | | | | |
| | | | | | | | | |
| | | J: Your | | | | | | 12/15 |
| info | rmation. If m | | eded, atta | If two married people are ch another sheet to this f n. | | | | |
| Part | 1: Desc | ribe Your House | ehold | | | | | |
| 1. | Is this a joi | nt case? | | | | | | |
| | ■ No. Go to | o line 2. es Debtor 2 live | in a separa | ate household? | | | | |
| | | | | | | | | |
| | | | st file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | hold of Debto | or 2. | |
| 2. | Do you hav | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| 3. | Do vour ex | penses include | _ | NI. | - | | | ☐ Yes |
| 0. | expenses of | of people other t d your depende | han 👝 | No Yes | | | | |
| Pari | t 2: Estim | nate Your Ongoi | na Monthi | v Expenses | | | | |
| Esti exp | imate your e | xpenses as of year | our bankrı | uptcy filing date unless you y is filed. If this is a supp | | | | |
| Incl | ude expense | es naid for with | non-cash | government assistance if | vou know | | | |
| | | | | luded it on Schedule I: Y | | | | |
| (Off | icial Form 10 | D6I.) | | | | | Your expe | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | 4. \$ | | 877.85 |
| | , , | ded in line 4: | J : | | | | | |
| | | | | | | 4- ^ | | 0.00 |
| | | estate taxes erty, homeowner's | e or rentor | 's insurance | | 4a. \$ 4b. \$ | | 0.00 0.00 |
| | | • | | s insulance ipkeep expenses | | 4c. \$ | | 0.00 |
| | | eowner's associat | | | | 4d. \$ | | 0.00 |
| 5. | Additional | mortgage paym | ents for yo | our residence, such as hor | me equity loans | 5. \$ | | 0.00 |

| Debtor 1 | Lisa Carol Lancaster | Case number | r (if known) | 18-40304 MAR |
|-------------------|---|--------------------|--------------|------------------------------|
| 6. Utiliti | ies: | | | |
| 6a. | Electricity, heat, natural gas | 6a. \$ | | 225.00 |
| 6b. | Water, sewer, garbage collection | 6b. \$ | | 85.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | - | 250.00 |
| 6d. | Other. Specify: | 6d. \$ | | 0.00 |
| 7. Food | l and housekeeping supplies | 7. \$ | | 350.00 |
| 8. Child | Icare and children's education costs | 8. \$ | | 0.00 |
| 9. Cloth | ning, laundry, and dry cleaning | 9. \$ | | 80.00 |
| | onal care products and services | 10. \$ | | 40.00 |
| 11. Medi | cal and dental expenses | 11. \$ | | 80.00 |
| 12. Trans | sportation. Include gas, maintenance, bus or train fare. | | | 050.00 |
| | ot include car payments. | 12. \$ | | 250.00 |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | | 100.00 |
| | itable contributions and religious donations | 14. \$ | | 0.00 |
| 15. Insu r | | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance | 150 ¢ | | 0.00 |
| | | 15a. \$ | | 0.00 |
| | Health insurance | 15b. \$ | | 0.00 |
| | Vehicle insurance | 15c. \$ 15d. \$ | | 160.00 |
| | Other insurance. Specify: | 15u. \$ | | 0.00 |
| Spec | · | 16. \$ | | 0.00 |
| | Ilment or lease payments: | 47 0 | | |
| | Car payments for Vehicle 1 | 17a. \$ | | 0.00 |
| | Car payments for Vehicle 2 | 17b. \$ | | 0.00 |
| | Other. Specify: | 17c. \$ | | 0.00 |
| | Other. Specify: | 17d. \$ | | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | | 0.00 |
| | r payments you make to support others who do not live with you. | \$ | | 0.00 |
| Spec | | 19. | | 0.00 |
| | r real property expenses not included in lines 4 or 5 of this form or on Scho | | Income. | |
| | Mortgages on other property | 20a. \$ | | 0.00 |
| | Real estate taxes | 20b. \$ | | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. \$ | | 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. \$ | | 0.00 |
| | Homeowner's association or condominium dues | 20e. \$ | - | 0.00 |
| | r: Specify: Miscellaneous Pet Expenses | 21. + | | 100.00 |
| | | | <u> </u> | 100.00 |
| | ulate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 2,597.85 |
| 22b. (| Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. / | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,597.85 |
| | ulate your monthly net income. | | | |
| 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | | 3,003.02 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b\$ | 5 | 2,597.85 |
| | | | | |
| 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ | | 405.17 |
| For ex modifi | | | | ase or decrease because of a |
| □ Ye | es. Explain here: | | | |

Official Form 106J Schedule J: Your Expenses
18-40304-mar Doc 8 Filed 01/11/18 Entered 01/11/18 16:15:57 Page 47 of 56

| Debtor 1 | Lisa Carol Lanca | ster | | |
|---------------------|--------------------------|--------------------|------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | |
|-----|--|---|
| Die | d you pay or agree to pay someone who is NOT an attorney to | help you fill out bankruptcy forms? |
| | No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | der penalty of perjury, I declare that I have read the summary at they are true and correct. /s/ Lisa Carol Lancaster | and schedules filed with this declaration and |
| ^ | Lisa Carol Lancaster | Signature of Debtor 2 |
| | Signature of Debtor 1 | |
| | Date January 9, 2018 | Date |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill in | this inform | nation to identify you | r case: | | | |
|-------------------------|-----------------------|--|--|---|---|---|
| Debto | or 1 | Lisa Carol Lanca | | | | |
| Debto (Spous | or 2 e if, filing) | First Name | Middle Name Middle Name | Last Name Last Name | | |
| Unite | d States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | |
| | | | | | | |
| (if know | | 8-40304 MAR | | | _ | Check if this is an mended filing |
| Stat Be as inform | complete a | of Financial | attach a separate sheet to | are filing together, both are | ankruptcy equally responsible for sup additional pages, write you | |
| Part 1 | Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. V | /hat is your | current marital statu | ıs? | | | |
| | ☐ Married ■ Not marr | ried | | | | |
| 2. D | uring the la | ıst 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No ■ Yes. List | t all of the places you I | ived in the last 3 years. Do no | ot include where you live now | <i>'</i> . | |
| ı | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No ■ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (Of | fficial Form 106H). | | |
| Part 2 | Explain | n the Sources of You | r Income | | | |
| F | ill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | I No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | Operating a business | | ☐ Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

> Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... still owe paid

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 7. | Within 1 year before you filed for bankrupton Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gene control, or owner of 20% or | eral partners; partne r more of their voting | rships of which y securities; and a | ou are a genera any managing a | I partner; corporations gent, including one for |
|-------|--|---|---|--|-----------------------------------|--|
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| В. | Within 1 year before you filed for bankrupt insider? | | ments or transfer a | ny property on a | account of a de | ebt that benefited an |
| | Include payments on debts guaranteed or cos No | igned by an insider. | | | | |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount | Amount you still owe | Reason for | this payment |
| Pa | rt 4: Identify Legal Actions, Repossession | as and Foroclosures | paid | Still Owe | include cred | nor's name |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| | Christian Financial CU v Lisa Lancaster 17-2918-GCX | Collection | 39th District Co 29733 Gratiot A Roseville, MI 48 | ve. | ■ Pending □ On appe □ Conclude | |
| | Key West Associates v Lisa Lancaster 16-2956-GC | Collection | 37th District Co 8300 Common Warren, MI 4809 | Rd. | ☐ Pending ☐ On appe ☐ Conclude | |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, fo | oreclosed, garni | shed, attached | l, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | • | Value of the property |
| | | Explain what happened | | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | uding a bank or fin | ancial institutio | n, set off any a | mounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date take | action was | Amount |
| 12. | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a | | rty in the possessi | | | fit of creditors, a |
| | ■ No | | | | | |
| | ☐ Yes | | | | | |
| Offic | cial Form 107 Staten | nent of Financial Affairs for In | ndividuals Filing for B | ankruptcy | | page 3 |

Case number (if known) 18-40304 MAR

Debtor 1 Lisa Carol Lancaster

| Par | t 5: List Certain Gifts and Contribution | | | |
|-----|---|---|---|-------------------------|
| | | uptcy, did you give any gifts with a total value of mo | ore than \$600 per person? | ? |
| | ■ No | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | |
| | ☐ Yes. Fill in the details for each gift. | | | |
| | Gifts with a total value of more than \$60 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 1.4 | Within 2 years before you filed for bankr | uptcy, did you give any gifts or contributions with a | total value of more than | \$600 to any abarity? |
| 14. | No | upicy, did you give any girts of contributions with a | total value of filore triali | \$600 to any charity? |
| | Yes. Fill in the details for each gift or c | contribution | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | total Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | |
| | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy or since you filed for bankruptcy, did you lose | anything because of thef | t, fire, other disaster |
| | ■ No | | | |
| | ☐ Yes. Fill in the details. | | | |
| | Describe the property you lost and | Describe any insurance coverage for the loss | Date of your | Value of property |
| | how the loss occurred | Include the amount that insurance has paid. List pendi | ing loss | lost |
| | | insurance claims on line 33 of Schedule A/B: Property | 1 | |
| Par | t 7: List Certain Payments or Transfers | 8 | | |
| | consulted about seeking bankruptcy or | ptcy, did you or anyone else acting on your behalf preparing a bankruptcy petition? preparers, or credit counseling agencies for services rec | | rty to anyone you |
| | П. М. | | | |
| | No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was | Amount of payment |
| | Email or website address | transistrou | made | paymont |
| | Person Who Made the Payment, if Not Y | | | |
| | Acclaim Legal Services, PLLC | \$310.00 filing fee | January 9, | \$310.00 |
| | 8900 E. 13 Mile Rd. Warren, MI 48093 | | 2018 | |
| | | | | |
| | CIN Legal Data Services 4540 Honeywell Ct. Dayton, OH 45424 | \$60.00 credit counseling, debtor education, and credit report. | January 9, 2018 | \$60.00 |
| | | | | |
| | | | | |
| | | ptcy, did you or anyone else acting on your behalf p ditors or to make payments to your creditors? I you listed on line 16. | oay or transfer any prope | rty to anyone wno |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid | Description and value of any property | Date payment | Amount of |
| | Address | transferred | or transfer was | payment |
| | | | maue | |

Case number (if known) 18-40304 MAR

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Debtor 1 Lisa Carol Lancaster

| 18. | tran Inclu | nin 2 years before you filed for bankrup sferred in the ordinary course of your bude both outright transfers and transfers made gifts and transfers that you have alread No Yes, Fill in the details. | ousir nade | ness or financial aff as security (such as | airs? the granting of | • | | | |
|-----|--|--|---------------|--|--------------------------|-----------------------|---|------|----------------------------|
| | Ad | rson Who Received Transfer dress rson's relationship to you | | Description and property transfer | | payr | cribe any property or nents received or debts in exchange | | Date transfer was made |
| 19. | With | nin 10 years before you filed for bankru eficiary? (These are often called asset-pr | | | ny property to | a self-sett | led trust or similar device | e of | which you are a |
| | ■ No | | | | | | | | |
| | ⊔ Nai | Yes. Fill in the details. me of trust | | Description and | alue of the pr | operty trai | nsferred | | Date Transfer was |
| | | _ | | | | | | r | nade |
| Par | t 8: | List of Certain Financial Accounts, In | ıstru | ments, Safe Deposi | t Boxes, and S | Storage Un | iits | | |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | , | | | |
| | □ Nai | Yes. Fill in the details. me of Financial Institution and | La | st 4 digits of | Type of acco | ount or | Date account was | | Last balance |
| | Add | Address (Number, Street, City, State and ZIP Code) | | account number instrument | | | closed, sold, moved, or transferred | | before closing or transfer |
| 21. | | ou now have, or did you have within 1, or other valuables? | year | before you filed fo | r bankruptcy, a | any safe d | eposit box or other depo | sito | ry for securities, |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | | Who else had acc Address (Number, S State and ZIP Code) | | Describ | e the contents | | Do you still have it? |
| 22. | Hav | e you stored property in a storage unit | or p | lace other than you | home within | 1 year bef | ore you filed for bankrup | tcy? | • |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | | Who else has or to it? Address (Number, S State and ZIP Code) | | Describ | e the contents | | Do you still have it? |
| Par | t 9: | Identify Property You Hold or Contro | l for | Someone Else | | | | | |
| 23. | Do y | you hold or control any property that so someone. | omed | one else owns? Incl | ude any prope | erty you bo | prrowed from, are storing | for, | , or hold in trust |
| | | Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | | Where is the property (Number, Street, City, | | Describe the property | | | Value |
| Par | t 10: | Give Details About Environmental Inf | form | • | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 5

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1 - 3 -

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | nazardous materiai, ponutanti, contaminant, or similar term. | | | | | | |
|-----|--|---|--|--|---|------------------|--|
| Rep | ort all notices | s, releases, and proceedings th | at you know about, regardless of wher | n they | occurred. | | |
| 24. | Has any gov | ernmental unit notified you tha | t you may be liable or potentially liable | unde | er or in violation of an environme | ental law? | |
| | ■ No □ Yes. Fill | in the details. | | | | | |
| | Name of site Address (Nu | ember, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | |
| 25. | Have you no | tified any governmental unit of | any release of hazardous material? | | | | |
| | ■ No □ Yes. Fill | in the details. | | | | | |
| | Name of site Address (Nu | ember, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | |
| 26. | Have you be | en a party in any judicial or adı | ministrative proceeding under any envi | ironm | ental law? Include settlements a | and orders. | |
| | ■ No □ Yes. Fill | in the details. | | ourt or agency Nature of the case Status of the case Idress (Number, Street, City, | | | |
| | Case Title Case Numb | er | Court or agency Name Address (Number, Street, City, State and ZIP Code) | | | | |
| Par | t 11: Give D | etails About Your Business or | Connections to Any Business | | | | |
| 27. | Within 4 year | rs before you filed for bankrup | tcy, did you own a business or have an | ny of t | he following connections to any | business? | |
| | ☐ A so | e proprietor or self-employed | in a trade, profession, or other activity, | eithe | r full-time or part-time | | |
| | ☐ A me | mber of a limited liability comp | pany (LLC) or limited liability partnersh | ip (LL | .P) | | |
| | ☐ A pa | rtner in a partnership | | | | | |
| | ☐ An o | fficer, director, or managing ex | ecutive of a corporation | | | | |
| | ☐ An o | wner of at least 5% of the votin | ng or equity securities of a corporation | | | | |
| | No. Non | e of the above applies. Go to | Part 12. | | | | |
| | ☐ Yes. Ch | eck all that apply above and fil | I in the details below for each business | S. | | | |
| | Business Na Address | ame | Describe the nature of the business | | Employer Identification number Do not include Social Security | | |
| | | , City, State and ZIP Code) | Name of accountant or bookkeeper | | Dates business existed | | |
| 28. | | rs before you filed for bankrup creditors, or other parties. | tcy, did you give a financial statement (| to any | one about your business? Inclu | de all financial | |
| | ■ No □ Yes. Fill | in the details below. | | | | | |
| | Name Address | . City. State and ZIP Code) | Date Issued | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

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| Debtor 1 | Lisa Carol Lancaster | | Case number (if known) | 18-40304 MAR |
|-----------------------|--|-------------------------------------|------------------------|---------------------------------|
| with a bar | nd correct. I understand that making a false s kruptcy case can result in fines up to \$250,00 §§ 152, 1341, 1519, and 3571. | | • | property by fraud in connection |
| /s/ Lisa (| Carol Lancaster | | | |
| | ol Lancaster e of Debtor 1 | Signature of Debtor 2 | | |
| Date Ja | anuary 9, 2018 | Date | | |
| Did you at ■ No □ Yes | tach additional pages to Your Statement of F | inancial Affairs for Individuals Fi | ling for Bankruptcy (C | Official Form 107)? |
| Did you pa | ay or agree to pay someone who is not an att | orney to help you fill out bankrup | tcy forms? | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

United States Bankruptcy Court Eastern District of Michigan

| In re | Lisa Carol Lancaster | | Case No. | 18-40304 MAR |
|--------|---------------------------------------|--|---------------------|-----------------------|
| | | Debtor(s) | Chapter | 13 |
| | VERIF | ICATION OF CREDITOR | MATRIX | |
| Γhe ab | ove-named Debtor hereby verifies that | t the attached list of creditors is true and | correct to the best | of his/her knowledge. |
| Date: | January 9, 2018 | /s/ Lisa Carol Lancaster | | |

Signature of Debtor